

Giving birth in VUmc

Soon you will give birth in VUmc. This is a unique and special experience! In this leaflet, you will find information about giving birth in VUmc so that you are prepared and know what to expect from us. We will also give you practical tips about things you can arrange before giving birth.

Support

In the hospital, you will be accompanied by a nurse who takes care of you together with a gynaecologist in training (a doctor training as a gynaecologist) or a clinical midwife (a midwife who only works in the hospital). Both the gynaecologist in training and the clinical midwife always provide care under the supervision of a gynaecologist. The gynaecologist provides support in the background, and can be called if needed. In VUmc, an operating team and a paediatrician are available 24 hours, every day of the week. After giving birth, a paediatrician (in training) can provide extra care for your child or check in on them. All in all, there is a large team of various professionals who work intensively together!

Because we are an academic hospital and we want to pass on our knowledge to carers, in some cases a student obstetrician, student nurse or co-assistant (medical students training to be doctors) will be present. They learn under the team's leadership and will not do anything independently without your permission. Only one of these will be present when you are in labour but never all of them at the same time.

Who else will be present during labour?

Peace and quiet is important when you are giving birth. It can be very important to have certain people present. It is up to you to decide who you want to have by your side during labour. To ensure a calm atmosphere and to help with the progress of giving birth, it is better to limit the number of people present during labour to a maximum of two; in most cases your partner and sometimes one additional person.

Atmosphere: music and lighting

There is no music or music player in the delivery room. Of course, you can bring your own music and music player with you. There is a TV in the room and you can use the hospital's WiFi network (eduroam). Burning candles or incense is not possible for fire safety reasons. The lighting in the birthing rooms is dimmed.

Food and drink

Food and drink will be provided during your stay in the delivery rooms or maternity ward. If you want to bring your own food with you and use a microwave, you can do this. When you are staying in a maternity room, we will provide breakfast for your partner but not dinner. There are tea and coffee facilities available during your stay.

Tour

In the weeks before you give birth you can take a short tour of the delivery rooms, to give you an impression of the space and the atmosphere. If you are interested in doing this, you can let the outpatient clinic know, or call the delivery rooms on +31(0)20 4444822.

Labour

On average, if this will be your first child, labour takes 12-24 hours from the moment you have

strong contractions and increasing dilation. An internal examination is conducted approximately every two hours to monitor the progress of your labour. If there is insufficient progress, we will try to make the contractions more efficient by using medication; oxytocin. You will be administered oxytocin via an IV drip. Your baby's heartbeat, and the contractions, are monitored during labour using a CTG (cardiotocography) monitor by means of an electrode placed on your abdomen. Once your water breaks, monitoring the fetal heart rate can also be done with a wire on the baby's head, which is called a scalp electrode. The heart rate and the contraction recordings can also be seen at the central nursing post.

Positions

When you are coping with the contractions, pushing and the birth itself, there are various positions you can be in. If the situation allows, you can walk, stand, sit, lie down, lean or shower. There is also a birthing stool available, which you can use. There are situations where you have to remain on the bed, such as for the epidural. Also, the continuous monitoring of your baby's heartbeat in your womb using the CTG monitor means that your movement may be restricted. It is possible to deal with the contractions in various positions on the bed. It is not possible to have a water birth in VUmc.

Coping with pain

When you are coping with the contractions, a shower can provide relief from the pain. Massages, breathing techniques and relaxation exercises can also help. If this does not provide sufficient pain relief, there are other ways of relieving pain; epidural, pethidine injections or a remifentanyl infusion pump. The epidural is the most effective form of pain relief. This will be carried out by the anaesthetist. The anaesthetist is available to do this for the whole day. There are a number of precautionary measures when administering an epidural. It is necessary to have an IV drip, because the epidural can result in a drop-in blood pressure. You will also be more carefully monitored during the epidural (measuring your heartbeat, and the oxygen level in your blood). Alternatives for the epidural are pethidine injections (a morphine-like substance), or a remifentanyl infusion pump. Remifentanyl is a short-acting, morphine-like drug where you have control over how much is administered using an infusion. When administering remifentanyl, it is also necessary to monitor the mother more closely. Remifentanyl is only an option when there are sufficient care providers present on the labour ward for one hour after it has begun to be administered. Because both pethidine and remifentanyl are morphine-like substances, they cause drowsiness. You will find more information about the different forms of pain relief in our VUmc leaflet *Coping with pain during labour*. As soon as you need pain relief during childbirth, you will be told which form is the best and safest choice at the time.

Ways to give birth

Roughly 3 out of 4 births happen naturally. If birth does not follow its natural path, this is called assisted delivery. This can be a caesarean section (See also the VUmc leaflet *Caesarean section*) or a vaginal assisted delivery; a vacuum extraction (suction cup) or forceps delivery. There are various reasons for an assisted delivery. The three most common reasons are: (1) the cervix will not open any further; (2) the head does not come any further when pushing and (3) the baby's condition (if it is no longer safe for the baby to be inside your womb).

It is important that you are aware that an assisted delivery is a possibility in any case. It is difficult to predict this in advance. Sometimes it is necessary to make an incision (episiotomy). The reasons for this could be to speed up the delivery if the baby's heartbeat indicates that he or she has to be born or to make more room for the baby. An incision is only made if this is deemed absolutely necessary.

Keeping the baby close

Right after you have given birth, the baby will be placed on your belly/chest. This might not be the case if the baby has to be checked quickly by the person monitoring the birth or by the paediatrician. If you have undergone a caesarean section, you cannot keep the baby with you for a long time straight away, but you will be together with your baby as soon as possible. In these cases, your partner can hold the baby so that skin to skin contact is possible. Sometimes your baby must be admitted to the neonatal care ward. The nurse will then bring you to this department as soon as possible.

After giving birth

After your baby has been born, the umbilical cord is cut. If the baby's condition permits, this is only done after more than a minute or once it has stopped pulsating completely. You can decide who will cut through the umbilical cord. Once the umbilical cord has been cut, the placenta (afterbirth) is delivered. This does not always happen by itself. Sometimes this must be manual removed in an operation theatre. Other reasons for surgery after giving birth are heavy blood loss or a large vaginal wound. A small tear or cut can be sewn up in the delivery room.

After an hour of undisturbed contact between the mother and baby, the baby is checked over and then clothed. If you want to do this yourself, this is possible. Your baby will not be bathed immediately after it is born. This happens later to make sure your baby does not cool down too much. The baby is weighed. The length of the baby is not measured but this can be estimated if you would like.

Breastfeeding/ bottle feeding

If you are going to breastfeed, it is best to start as soon as possible after giving birth, ideally within an hour after the baby is born. The nurse or clinical midwife can help you with this, possibly with the support of a lactation specialist.

VUmc was awarded the WHO/Unicef certificate for 'Baby Friendly Hospital' in 2014 and this certificate was extended during the re-certification process in 2016. This means, among other things, that the Department of obstetrics and neonatology follows the 10 WHO rules for breastfeeding and that all nurses, clinical midwives and doctors have been trained for this. For more information go to: www.zorgvoorborstvoeding.nl. If you are going to bottle feed, please bring your own bottle to the hospital. The baby can then get used to his or her own teat. The formula itself is provided by the department itself. You cannot choose the brand of formula, we have one sort available (Nutrilon). If you require special formula, for example due to an allergy, please bring this with you to the department. If you are going to bottle feed, we recommend bringing a sturdy bra with you to prevent blockage as much as possible.

Visitors after giving birth

We advise you only invite visitors after labour. Sometimes it can take a while before the placenta is delivered, you lose a lot of blood or you require stitches. You should therefore let your visitors know that it can take a while before they can come and congratulate you once the baby has been born.

If you have to stay in the hospital for medical reasons after giving birth, you will be transferred to the maternity ward. On the maternity ward, you can receive visitors during the following times; from 11am-1pm and from 4pm-7:30pm, with a maximum of two visitors at once. Your partner can come and see you and your baby from 9am to 9pm. If there is enough space on the maternity ward, your partner can also stay overnight. Maternity rooms There are four rooms on the maternity ward which can be used if there is sufficient space. Your partner can sleep in the room with you. This is possible for up to two nights. In this case, it is expected that your partner

helps out with looking after you and your baby. If you have to stay longer, you will be moved to a room that you will share with another new mother.

Going home

If there are no complications and you can urinate by yourself, you can go home 4 hours after giving birth. Even if this is at night. The midwife who will visit you at home during the period after you have been discharged will be informed by the department. You must inform maternity care yourself that you have come home. These days there are maternity agencies that come to your home at night for the initial visit. Contact your agency for information about your options. If you have had a caesarean section you can go home on the second day after giving birth. So, if you had the caesarean section on Monday, you can go home at 10am on Wednesday.

VUmc is an academic hospital with a responsibility to provide care for the whole region and sometimes also for seriously ill mothers and their children from outside the region, who cannot be cared for in a regional hospital. This means that you will sometimes be transferred to a regional hospital to make way for these seriously ill mothers with their children.

Costs

If there is no medical reason (no increased chance of medical problems) and you wish to give birth in the hospital, a private contribution will be required for use of the delivery rooms and childbirth support. This private contribution is around 350 Euros. Depending on your supplementary health insurance policy, you must pay these costs yourself. Giving birth in hospital on medical grounds will be fully reimbursed.

Practical things

Parking

Information about parking at VUmc can be found at www.VUmc.nl and in our leaflet Route and parking.

Who will look after things at home?

If you have children or pets that cannot stay home alone, you need to arrange a babysitter who can be hired at unexpected moments. Discuss this in time so that you don't have to worry about it when the time comes.

What things should you bring with you to the hospital?

The VUmc leaflet *Pregnancy, general information* contains a list on page 13 of things that you could take to the hospital when you are going to give birth. You can download this leaflet at www.vumc.nl.

Photos

Consider in advance who will take pictures when, and what is and is not allowed to be photographed. Carers must be asked for permission before being photographed. Filming the birth is only permitted if the care providers involved have given their consent. It is not permitted to take videos in the operation theatre.

Making a birthing plan

Giving birth is an important event in your life. The way in which women look back on childbirth

varies greatly. How satisfied you are with the delivery depends a lot on your expectations in advance. If these expectations are not met, women are less satisfied later. It is therefore important to carefully discuss your expectations, wishes and fears in advance. A birthing plan gives you the chance to describe these expectations, wishes and fears. We will be happy to discuss this birthing plan with you during outpatient clinic checks around 30-34 weeks. This allows us to take your wishes into consideration and to explain to you which of your expectations might need adjusting. We can include the birthing plan in your file and use it as a guide when we are looking after you. If circumstances change during your pregnancy, the birthing plan can be adjusted.

Finally

In this leaflet, we have explained everything regarding giving birth in VUmc and we have given you a number of practical tips. After reading this leaflet, there may still be some uncertainties or things that you want to work out, specific to your individual situation. Please do not hesitate to discuss these issues with your doctor, the obstetrician or your clinical midwife during the outpatient check-ups.

We hope everything goes well with your pregnancy!